

**EVALUATION PLAN:  
EARLY INTERVENTION PROGRAM**

FOR THE NSW DEPARTMENT OF  
COMMUNITY SERVICES

**SPRC Report 13/06**

**Social Policy Research Centre Consortium**  
Social Policy Research Centre  
Centre for Health Economics Research and Evaluation  
School of Education and Early Childhood Studies  
Gnibi College of Indigenous Australian Peoples  
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## **Abbreviations**

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CSC	Community Services Centre
Department	NSW Department of Community Services
LSAC	Longitudinal Study of Australian Children
Program	Early Intervention Program
SFCS	Stronger Families and Communities Strategy, FaCS
SPRC	Social Policy Research Centre
UWS	University of Western Sydney

## Contents

<b>Executive Summary</b> .....	<b>v</b>
<b>1 Introduction</b> .....	<b>1</b>
<b>2 Background</b> .....	<b>2</b>
2.1 EIP Target Group.....	2
2.2 EIP Goals.....	2
2.3 Program Description.....	3
<b>3 Evaluation Framework</b> .....	<b>5</b>
3.1 Design Rationale and Summary .....	5
Purpose of the evaluation.....	5
Evaluation approach.....	5
Program logic and performance measures .....	5
Broad research questions .....	7
Evaluation methods.....	7
Comparison group.....	8
3.2 Results Evaluation .....	9
Minimum dataset .....	10
Family Strengths and Needs Assessment.....	10
Family survey .....	11
Outcomes intensive family research .....	14
Other DoCS administrative data .....	15
Results evaluation analysis .....	15
3.3 Process Evaluation.....	16
Rationale for process evaluation.....	16
Observation sites.....	16
Sampling and recruitment of participants for process evaluation .....	18
Process evaluation data types.....	18
3.4 Economic Evaluation.....	19
Economic evaluation design .....	19
Costing methodology .....	21
Indirect EIP resource use .....	22
3.5 Intensive Research Studies .....	24
Indigenous communities study.....	24
<b>4 Evaluation Management</b> .....	<b>26</b>
4.1 Researchers .....	26
4.2 Evaluation Timeframe .....	26
4.3 Project Responsibilities .....	27
4.4 Dissemination .....	28
Communication with the Department .....	28
Communication with program stakeholders – service providers, families and children... ..	28
Communication with researchers, policy makers and the public .....	28
4.5 Quality Assurance.....	29
4.6 Indigenous Research.....	30
<b>Appendix 1 Other Intensive Research Studies</b> .....	<b>31</b>
<b>References</b> .....	<b>32</b>

## List of tables and figures

Table 2.1: Definitions of EIP Entry and Exit for Purpose of Evaluation .....	4
Table 3.1: Summary of Research Questions, Evaluation Parts, Methods and Measurements .....	8
Table 3.2: Summary of Minimum Dataset .....	10
Table 3.3: Summary of Family Survey Cohorts.....	11
Table 3.4: Family Survey Administration for Intervention and Comparison.....	12
Table 3.5: Family Survey Minimum Sample Sizes.....	13
Table 3.6: Relationship between Family Survey and FSNA Dimensions.....	14
Table 3.7: Process Evaluation Sample Sizes .....	18
Table 3.8: Distribution of Process Evaluation Topics with EIP participants .....	19
Table 3.9: Broad Data Requirements, Coverage and Sources for the Economic Evaluation.....	23
Table 4.1: Timeframe for Consortium EIP Evaluation Activities.....	27
Figure 3.1: Early Intervention Program Logic .....	6
Figure 3.2 Mapping the Economic Question to Broad Data Requirements .....	21

## **Executive Summary**

The Department of Community Services NSW (DoCS) has commissioned the Social Policy Research Centre (SPRC) Consortium to design and implement the evaluation of the Early Intervention Program (EIP). The Consortium members, lead by the SPRC, are the Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney; the School of Education and Early Childhood Studies, University of Western Sydney; Gnibi College of Indigenous Australian Peoples, Southern Cross University; and National Institute of Social and Economic Research, London.

This evaluation plan is designed to fulfil the purpose of the evaluation within the constraints of the budget. It identifies the goals and structure of EIP, the conceptual and practical challenges involved in evaluating program outcomes and the preferred evaluation methods.

## **Background**

The EIP is a voluntary program for low to medium risk families encountering problems that impact on their ability to care for their children. An EIP caseworker from DoCS or a Lead Agency works with a family to identify their needs, design a case plan and organise services including child care, parenting education, home visiting and brokered services as needed.

The purpose of the evaluation is to examine the effectiveness of the Program in achieving its stated objectives and assess whether it represents a good investment of public funds. The evaluation will identify the characteristics and process of successful early intervention approaches that provide significant benefits to children and their families. It will model the long term impact of EIP in terms of its estimated costs and benefits. The evaluation findings will assist in the development of improved capacity to provide effective and cost-effective early intervention services to children and families.

The evaluation uses the results based accountability model to develop the program logic and methodology for the evaluation. It focuses on achieving and measuring results for the community reflective of policy priorities. The top level priority of the program is that children in EIP do not enter or do not escalate within the child protection system. The evaluation includes formative and summative evaluation techniques. It includes four parts: results evaluation, process evaluation, economic evaluation and intensive research studies.

The research will answer the following questions:

- Is EIP meeting the needs and improving outcomes for children and families who participate?
- Is the EIP administration and implementation efficient and effective?
- Does EIP offer value for money and net benefits to the government, society, children and families?

These three questions relate to the results, process and economic evaluations. Across the three types of evaluation and the intensive studies, the specific research questions that the evaluation will address are:

- Which components of the early intervention program (EIP) are effective?
- For which children and families is it effective?
- What are the environmental/contextual circumstances that improve the likelihood of success?
- Does the duration of time in EIP matter in determining likelihood of success?
- What are the costs of EIP and what are the incremental costs per unit of outcome measure for each EIP strategy/service?
- What are the longer term costs and benefits of early intervention?

The evaluation will analyse the impact on client outcomes of the following factors: CSC location (rural, regional and metropolitan); DoCS and Lead Agency case management; type and number of services attended; and characteristics of the family, main caregiver and child (eg age, vulnerabilities, family size).

The methods to collect data to answer the research questions include:

- Longitudinal client data collected by DoCS, caseworkers, service providers and evaluators;
- EIP program administrative data supplied by DoCS; and
- Qualitative depth interviews, group discussions and program observation with client communities and EIP program staff conducted by the evaluators.

The evaluation plan methodology relies on evaluation activities being conducted by the caseworkers, service providers, DoCS and the evaluators. Changes to these responsibilities have an impact on the budget and methodology. The table summarises the relationship between the evaluation framework and the data.

## Summary of research questions, evaluation parts, methods and measurements

Research question	Evaluation part	Methods	Measurements
Is EIP meeting the needs and improving outcomes for children and families who participate?	Results evaluation	Minimum dataset	Client demographics, vulnerabilities, risks and needs  Client outcomes: child development, family functioning, child protection  Process data: intake, case management, service use, duration
		Comparison group outcomes data	Child protection and other outcomes data (above)
		Outcomes intensive cohort	Child protection and other outcomes data (above)
	Intensive research studies	Other DoCS administrative data	Inputs (staff, funds, service unit costs), outputs (service units)
Is the EIP administration and implementation efficient and effective?	Process evaluation	Minimum dataset	Inputs, process, outputs
		Observation site worker, manager, family interviews; observation, participation and discussion	Inputs, process, outputs, satisfaction
	Intensive research studies	Indigenous communities	Child protection and other outcomes data (above)
Does EIP offer value for money and net benefits?	Economic evaluation	Indigenous communities (above)	Process, satisfaction
		Analysis of results and costs (above)  Modelling of longer term costs and benefits	Results, inputs, process, outputs

Data about comparison groups of clients who are similar to the EIP clients but not in the program will be collected and analysed for the results and economic evaluations. These will include:

1. DoCS or Lead Agency clients assessed as eligible but who do not enter program due to refusal;
2. DoCS or Lead Agency clients determined as eligible for EIP but on a waiting list due to limited capacity;
3. Other Level 3 DoCS clients not in the EIP, but referred to early intervention-type universal services;
4. Level 3 clients who entered the child protection system prior to the establishment of the EIP; and
5. Older siblings of DoCS or Lead Agency clients assessed as eligible for EIP and enter the program.

Criteria for choosing the appropriate comparison group include: similarity to the EIP clients; and availability of the data types to identify the differences between the intervention and comparison groups.

### **Results evaluation**

Sources of outcomes data for the results evaluation are the minimum dataset (socio demographics, child protection, other outcomes, Family Strengths and Needs Assessment); other outcomes data including comparison group data collection; outcomes intensive cohort; other DoCS administrative data; and other intensive research studies (Indigenous communities). The measures will include 6 and 12-month post EIP exit follow up measurement of outcomes for a sample of 500 families for medium term measurement of outcomes.

### **Process evaluation**

Data sources for the process data are the minimum dataset (eligibility, intake, assessment, case management and process); other DoCS administrative data; observation site evaluation data collection (interviews, observation, participation and discussion); and intensive research studies (Parenting programs, program operational studies and process research studies). We recommend observation site evaluation in four locations: three Sydney regions and one regional.

### **Economic evaluation**

The economic evaluation will analyse the outcome and cost data from the results and process evaluation data sources described above and model long term outcomes. The economic evaluation has two parts: a cost-effectiveness analysis (CEA) and a cost-benefit analysis (CBA). The CEA primarily addresses technical efficiency and produces evidence on the cost per unit of outcome. Several outcome measures will be used in the CEA, including an intermediate outcome measure such as the number of re-reports prevented. The CEA will answer the question, ‘what works for who, under what circumstances, and at what cost?’ The CBA component (or perhaps more accurately stated a cost-savings analysis) seeks to address issues of allocative efficiency. This part of the economic evaluation will produce a model of the anticipated short and long term costs and benefits of EIP expressed in monetary terms.

### **Intensive research studies**

The intensive research studies complement the other three parts of the evaluation. The evaluation plan includes Indigenous communities studies. In addition, DoCS and the Consortium will explore opportunities for other intensive studies on parenting programs; children aged under 3 years; children in the year prior to school, for example funded as postgraduate, postdoctoral and Australian Research Council grants.

### **Evaluation management**

Professor Ilan Katz will direct the evaluation with the same Consortium members as Stage 1. The medium term outcomes for the EIP population and comparison cohorts will not be measurable until after the original contract period, due to delays in implementing the EIP contracted services. With this extension, we recommend that the

evaluation be completed by December 2010. Deliverables are 6 monthly until that date. Communication and dissemination of evaluation will be to DoCS, program stakeholders and other researchers, as approved by DoCS.

The evaluation plan relies on responsibilities for data collection by the evaluators, DoCS central office, DoCS CSC and Lead Agencies. Management accountability for these responsibilities will need to be confirmed during the first part of the evaluation. In addition, some data collection processes will need to be finalised, as listed in the plan.

University quality assurance processes include the UNSW Code of Conduct for the Responsible Practice of Research, Human Ethics Research process and the SPRC Indigenous Research Strategy. Risks in the evaluation methodology relate to data quality from recruitment, collection, transfer and management in each of the methods. The plan proposes solutions to minimise the risks that requires further discussion with DoCS before the plan is finalised.

## 1 Introduction

The Department of Community Services NSW (DoCS) has commissioned the Social Policy Research Centre (SPRC) Consortium to design and implement the evaluation of the Early Intervention Program (EIP). The Consortium members, lead by the SPRC, are the Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney; the School of Education and Early Childhood Studies, University of Western Sydney; Gnibi College of Indigenous Australian Peoples, Southern Cross University; and National Institute of Social and Economic Research, London.

The evaluation plan is designed to fulfil the purpose of the evaluation within the constraints of the budget. It identifies the goals and structure of EIP, the conceptual and practical challenges involved in evaluating program outcomes and the preferred evaluation methods. The plan builds upon the earlier theoretical papers on best-practice evaluation methods with children and families at risk of child abuse.

Section 2 describes the program goals, outcomes and operations. Section 3 includes the design rationale and summary of the evaluation framework and details the methods in each part of the research: results, process, economic and intensive research studies. We identify a number of outcomes for children and families that may be tracked over time, as indicators of the effectiveness of EIP. These include parenting skills, psychosocial development of child, and family cohesion. We also identify the variety of data sources and methods we propose using to locate data, including secondary and administrative data, which complement the Minimum Dataset, within practicalities such as budgetary constraints.

This section also identifies who should collect what data and when from program stakeholders, including client families, DoCS and non-DoCS caseworkers and case managers and administrators. These include for example, client and staff satisfaction with the program structure, the sustainability of the program over the long term, and service usage. We discuss how in-depth interviews and focus groups will be able to effectively and comprehensively inform and enhance service delivery.

The evaluation management section of this report (Section 4) discusses project management structure, timeframes, communications plan as well as quality management in the evaluation. While there are considerable practical challenges to evaluating the NSW DoCS EIP, this plan provides a pragmatic and detailed methodology to deal with these.

## **2 Background**

In December 2002, the Government announced a \$1.2 billion funding package to boost child and family services. The package is intended to improve service delivery by DoCS casework staff and by non-government organisations from which DoCS purchases services. A key priority of the package is to develop longer-term solutions that aim to support parents, families and the wider community services system. This means channelling resources into services that identify children, young people and families who are vulnerable or at risk and provide them with support before problems arise or become serious.

This reflects a growing body of research from Australia and overseas that demonstrates the benefits of early intervention and prevention programs for vulnerable children and families. The Early Intervention Program will provide an opportunity to increase investment in services for vulnerable children and families in NSW.

### **2.1 EIP Target Group**

The target group for the Early Intervention Program is families who are expecting a child or have children up to 8 years of age and have the vulnerabilities described below. Based on current research, priority of access will be given to families with children less than 3 years of age. In future years it is anticipated that families with children up to 14 years would be included in the program.

Families must also present with at least one vulnerability that, if not addressed, is likely to escalate and impact adversely on capacity to parent adequately and/or on the well being of the child/ren. Vulnerabilities comprise:

- Domestic violence;
- Parental drug and alcohol misuse;
- Parental mental health issues;
- Lack of extended family or social supports;
- Child behaviour management problems; and
- Parents with significant learning difficulties or an intellectual disability.

### **2.2 EIP Goals**

The Early Intervention Program has three core goals:

- To promote healthy development in children;
- To promote strong, functional and well-supported families; and
- To reduce and prevent child abuse and neglect in participating families.

The Program reflects the best available evidence about what works for families and children. Service provided will be child-centred, family-focused and strength based with a focus on achieving outcomes for children and families. Services will also build on and be integrated with the existing service network to enhance co-ordination and avoid unnecessary duplication.

### **2.3 Program Description**

The EIP is a voluntary program for low to medium risk families encountering problems that impact on their ability to take care of their children. It uses a strengths-based approach – acknowledging that motivation and participation in the program is heightened when the strengths of the individual, family, social, cultural, and environmental factors that impact the family are also acknowledged and fostered.

It also aims to provide a wide range of services and support from a centralised point of contact (either DoCS or a Lead Agency) to minimise complexity, and increase efficiency and consistency, for the family. At least one DoCS EIP caseworker will be employed at each Community Service Centre (CSC).

The Lead Agency employs EIP caseworkers. All CSC will have access to one Lead Agency. The same Lead Agency might be shared across multiple CSC. The Lead Agency might be the sole EIP funded service provider of both case management and other EIP service types; only provide case management and contract all other EIP funded services to other providers; or provide case management and some other EIP funded services and contract other EIP funded services to other providers.

In addition to case management, other EIP funded services will include child care, parenting programs, home visiting, as well as brokerage to other services not publicly funded eg. specialist counselling, mental health services, and drug and alcohol counselling. All CSCs will have EIP funded services. These might be shared across multiple CSC and might vary in service type. The services funded in the EIP include case management, child care, parenting programs, home visiting and brokerage.

#### *Quality child care*

Child care aims to improve child developmental outcomes such as emotional, cognitive, language, behavioural, and social development, and maternal outcomes with improved social network, confidence as a parent, and positive parenting practices.

#### *Parenting programs*

Parenting programs assist parents enhance their parenting competencies, personal resources, and coping skills, which in turn should promote positive parent-child relationships, increase parent's knowledge of child development, and prevent the onset of dysfunctional interactions.

#### *Home visiting*

Home visiting is offered to families, expecting mothers, and parents of newborns and young children, who therefore do not need to arrange transportation, child care, or time off work, and have the advantage of whole-family involvement, personalised service, individual attention, and rapport building.

The EIP process including entry and exit is described in the Early Intervention Program Service Provisions. Relevant points of measurement for the purpose of evaluation agreed by the Working Party are described in Table 2.1.

**Table 2.1: Definitions of EIP Entry and Exit for Purpose of Evaluation**

Definition points	Lead Agency client via service provider	Lead Agency client	DoCS or Lead Agency client
Date of first contact	Service provider referral to Lead Agency	Lead Agency referral to DoCS	DoCS Helpline Report (Level 3)
DoCS eligibility process	(select comparison groups – refuse to participate in eligibility, not eligible for EIP, refuse to enrol in EIP)		
Case manager allocation	Assigned to Lead Agency	Assigned to Lead Agency	Assigned to Lead Agency or DoCS
Family consent to participate	(select comparison group – refuse to enrol in EIP)		
Program start	First home visit by case manager		
Case plan written			
Receive services			
6-month case plan reviews			
Program exit	Client withdrawal or goals achieved		

### **3 Evaluation Framework**

#### **3.1 Design Rationale and Summary**

##### **Purpose of the evaluation**

The purpose of the evaluation is to examine the effectiveness of the Program in achieving its stated objectives and assess whether it represents a good investment of public funds. The evaluation will identify, as far as possible the characteristics of successful early intervention approaches that provide significant benefits to children and their families, and report on lessons that have been learnt. It will also model the long term impact of EIP in terms of its estimated costs and benefits. The evaluation findings will assist in the development of improved capacity to provide effective and cost-effective early intervention services to children and families.

##### **Evaluation approach**

We have adopted the results based accountability model to develop the program logic and methodology for the evaluation. The implication of this approach is to focus on achieving and measuring results for the community reflective of policy priorities. It establishes a logic for selecting results and indicators from primary and secondary data sources for the evaluation analysis.

An implication of viewing evaluation as part of a systemic intervention is that we will adopt both formative and summative evaluation techniques. Formative techniques will mean that the lessons from the evaluation process and findings are progressively shared with the Department and stakeholders, and that the evaluation process is collaborative and reflective. A second implication of evaluation as part of a systemic intervention is that we will design the evaluation as participative and collaborative research, with the Department, stakeholders and people intended to benefit from the program. Based on our previous experience of evaluating government programs, we consider the active engagement with all stakeholders vital to the processes of policy development, planning and service delivery.

The Early Intervention Program evaluation includes three core components:

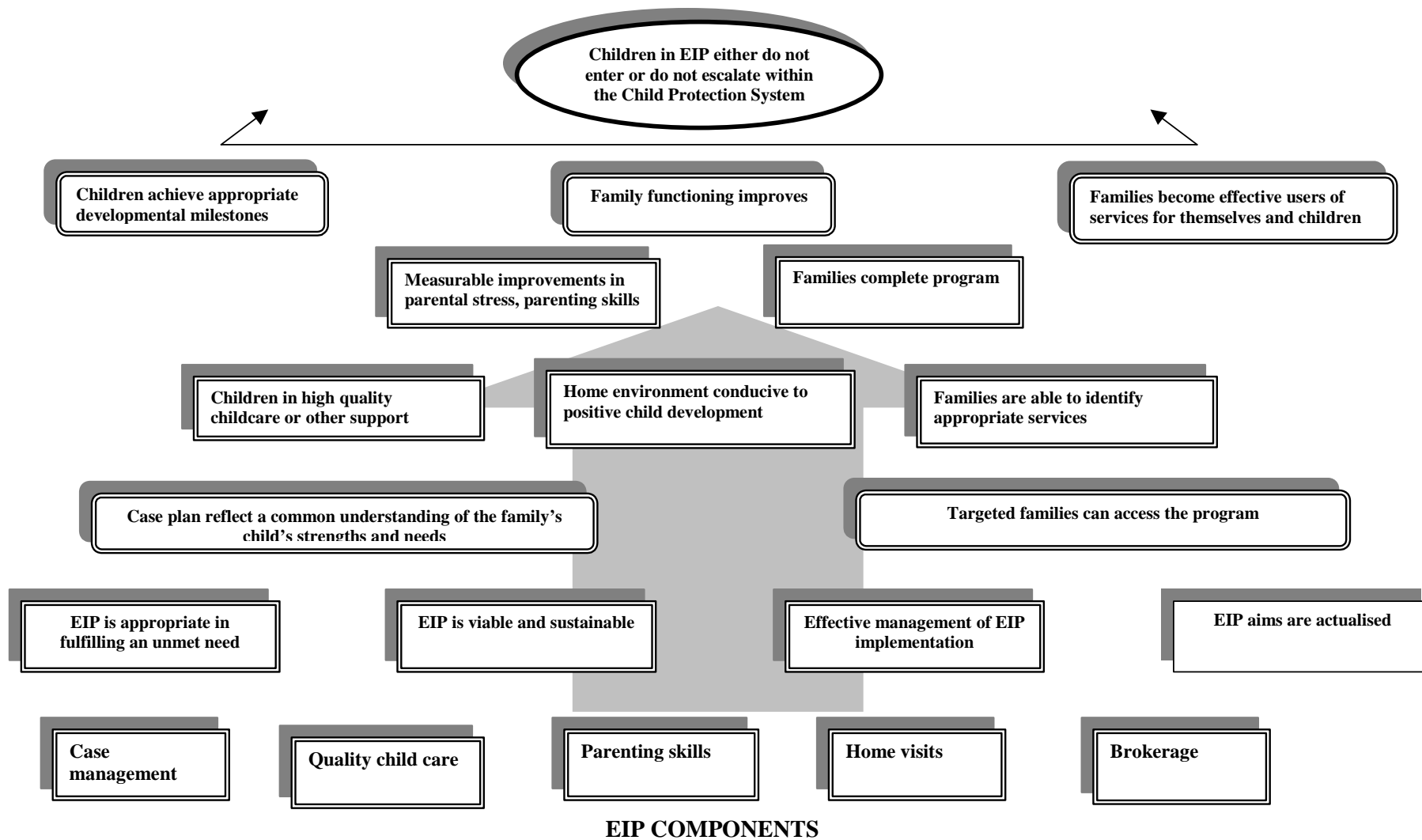
- results evaluation, which will examine whether the program is meeting the needs and improving the longer term outcomes for children and families who participate;
- process evaluation, which will review the efficiency and effectiveness of the administration and implementation of the program; and
- economic evaluation, covering an assessment of the value for money and net benefits of the program.

In combination, these different approaches will give a holistic picture of the overall success of the Early Intervention Program. As a part of the detail of the process evaluation, a number of in-depth research studies will be undertaken to better inform the evaluation results.

##### **Program logic and performance measures**

The Program Logic in Figure 3.1 describes the links between the inputs, processes and activities of the program and the impact they will have on the community (results)

**Figure 3.1: Early Intervention Program Logic**



through a series of logical steps. The development of a program logic is the first step in applying the Results-Based Accountability Model.

We have developed the program logic and performance measures in consideration of the longer-term, intermediate and early results expected from the program and the research literature on appropriate performance measures for these stages.

### **Broad research questions**

The research will answer the following questions:

- Is EIP meeting the needs and improving outcomes for families who participate?
- Is the EIP administration and implementation efficient and effective?
- Does EIP offer value for money and net benefits to the government, society, children and families?

These three questions relate to the results, process and economic evaluations. Across the three types of evaluation and the intensive studies, the specific research questions that the evaluation will address are:

- Which components of the early intervention program (EIP) are effective?
- For which children and families is it effective?
- What are the environmental/contextual circumstances that improve the likelihood of success?
- Does the duration of time in EIP matter in determining likelihood of success?
- What are the costs of EIP and what are the incremental costs per unit of outcome measure for each EIP strategy/service?
- What are the longer term costs and benefits of early intervention?

We will analyse the impact on client outcomes of the following factors:

- CSC location (rural, regional and metropolitan);
- DoCS and Lead Agency case management;
- Type and number of services attended; and
- Characteristics of the family, main caregiver and child (eg age, vulnerabilities, family size).

The evaluation plan can be extended to measuring longer term client outcomes (beyond 12 months post program exit) should further evaluation monies become available.

### **Evaluation methods**

The methods to collect data to answer the research questions include the following:

- Longitudinal client data collected by DoCS, caseworkers; service providers and evaluators;
- EIP program administrative data supplied by DoCS; and

- Qualitative depth interviews, group discussions and program observation with client communities and EIP program staff conducted by the evaluators.

**Table 3.1: Summary of Research Questions, Evaluation Parts, Methods and Measurements**

Research question	Evaluation part	Methods	Measurements
Is EIP meeting the needs and improving outcomes for children and families who participate?	Results evaluation	Minimum dataset	Client demographics, vulnerabilities, risks and needs  Client outcomes: child development, family functioning, child protection  Process data: intake, case management, service use, duration
		Comparison group outcomes data	Child protection and other outcomes data (above)
		Outcomes intensive cohort	Child protection and other outcomes data (above)
		Other DoCS administrative data	Inputs (staff, funds, service unit costs), outputs (service units)
	Intensive research studies	Indigenous communities	Child protection and other outcomes data (above)
Is the EIP administration and implementation efficient and effective?	Process evaluation	Minimum dataset	Inputs, process, outputs
		Observation site worker, manager, family interviews; observation, participation and discussion	Inputs, process, outputs, satisfaction
	Intensive research studies	Indigenous communities (above)	Process, satisfaction
Does EIP offer value for money and net benefits?	Economic evaluation	Analysis of results and costs (above)	Results, inputs, process, outputs
		Modelling of longer term costs and benefits	

The evaluation plan provides details of each of the methods. Table 3.1 above summarises the relationship between the evaluation framework and the data.

### Comparison group

To analyse change in outcomes, a group of clients who are similar to the EIP clients but not in the program must be identified. Choosing several comparison groups will provide a means for internal validation for the results and economic evaluations, as well as offer flexibility in case there are any unforeseen data quality issues. Possible comparison groups identified include:

1. DoCS or Lead Agency clients assessed as eligible but who do not enter program due to refusal;
2. DoCS or Lead Agency clients determined as eligible for EIP but on a waiting list due to limited capacity;
3. Other Level 3 DoCS clients not in the EIP, but referred to early intervention-type universal services;
4. Level 3 clients who entered child protection system prior to the establishment of the EIP; and
5. Older siblings of DoCS or Lead Agency clients assessed as eligible for EIP and enter the program.

Criteria for choosing the appropriate comparison group include: similarity to the EIP clients; and availability of the data types to identify the differences between the intervention and comparison groups.

We recommend identifying clients who are likely to agree to participate in EIP by using families in some of the comparison groups 1 to 3 above in order to identify the size and nature of the bias amongst EIP program users, who are the focus of the intervention. We will then use this in comparing the outcomes for EIP program users with the outcomes for comparison group families.

Using comparison group 1 serves several purposes. It enables us to investigate whether those who take up the EIP have better outcomes than those who refuse enrolment. It also potentially allows us to identify some of the characteristics associated with non-take up of services by these two groups.

But in order to compare the groups and adjust for potential biases in the sampling, the analysis will require substantial demographic and socio-economic data from all families once they are deemed eligible for the EI program. These variables are outlined in our Minimum Dataset Requirements.

### **3.2 Results Evaluation**

The results evaluation involves the following methods:

- Universal data collection known as the Minimum Dataset (MDS). It includes administrative data, child protection reports and the Family Survey for all EIP clients across NSW. The data collection will be undertaken by caseworkers. Data management, including administration, training, quality and transfer to the Consortium will be the responsibility of DoCS.
- The Family Survey with a comparison group (n=200) of EIP eligible non-participating clients. This will be conducted by the Consortium.
- An abridged version of the MDS plus Family Survey administered to a follow up group of EIP clients (n=500). This will be conducted by caseworkers.
- An intensive qualitative study with 60 families on outcomes. This will be undertaken by the Consortium.
- Other DoCS administrative data on service funding, output targets and service usage from CSCs and Lead Agencies. Data management will be the responsibility of DoCS.

- Outcomes studies with Indigenous communities. The Consortium will conduct this research. The studies are discussed in Section 3.5.

### Minimum dataset

The results evaluation will gather and analyse data to answer the first research question, is the program meeting the needs and improving the outcomes for families who participate?

Sources of results data include the Minimum Dataset (MDS) (child protection, other outcomes, Family Strengths and Needs Assessment); other outcomes data including comparison group data; other DoCS administrative data.

The recommendations about DoCS minimum dataset collection are based on discussions with DoCS managers, DoCS staff and the needs of the EIP to put in place a data collection system that supports a robust evaluation of program processes, outcomes and economic performance. This approach will ensure that data are available on client socio-demographics, needs, number and type of services used, processes and client outcomes. Utilisation data and program organisational and funding information will enable the evaluation to derive costs of specific service delivery and thus overall program costs. Care has been taken to ensure that data-fields are minimised and that there is no duplication of data collected throughout the course of client contact. Data are grouped as summarised in Table 3.2.

We recommend that the MDS data be transferred to the evaluators every three months for the first six months to check for data quality. Subsequently, six monthly data transfer might be appropriate. Data provision in ASCII format or Excel data files is most appropriate for analysis. Analysis will be conducted with the deidentified data by relevant members of the Consortium.

**Table 3.2: Summary of Minimum Dataset**

Data	Children and families
1. Socio-demographic	All eligible for EIP program to compare EIP clients and comparison group
2. Intake	
3. Assessment	All clients who are allocated to program
4. Family functioning tool	All eligible for EIP program to compare EIP clients and comparison group
5. Case management	All clients who are allocated to program
6. Child protection reports	All eligible for EIP program to compare EIP clients and comparison groups

### Family Strengths and Needs Assessment

The Family Strengths and Needs Assessment (FSNA) data are likely to be available for DoCS EIP clients only. We will use the FSNA data to measure DoCS client risks and strengths. We hope to compare this data to similar FSNA collections in other jurisdictions. The FSNA data may also have the potential to be an instrument for measuring child and family outcomes by establishing a baseline at the commencement

of program involvement, and then following up at intervals. FSNA has not been used as a measure of outcomes in other programs. We will compare the FSNA data to the Family Survey data discussed below to decide if it is possible to use it in this way.

**Family survey**

Included in the MDS is data sourced from a quantitative longitudinal survey instrument called the Family Survey. The Family Survey is necessary because, except for the ongoing child protection data, the MDS does not include any other outcome data for children in EIP. In summary, the evaluation will collect and analyse family functioning data about the following families (Table 3.3).

**Table 3.3: Summary of Family Survey Cohorts**

Timescale	Number	Collected from EIP families	Timescale	Number	Collected from comparison families
Baseline	4500	Caseworker	Baseline	200	Consortium
6 months	4500	Caseworker			
Exit	4500	Caseworker	12 months	160	Consortium
6 months post exit	500	Caseworker			-
12 months post exit	500	Caseworker	24 months	128	Consortium
(including intensive cohort)	60	Consortium			-

***Universal distribution of Family Survey***

Once finalised, the survey will be administered by caseworkers with the family and take approximately 20-25 minutes. While some of the scales are more efficiently administered via self-completion, we are aware that significant numbers of clients have low literacy levels. As a result, we recommend all measures be interviewer administered by caseworkers. Administration will be with the child’s main carer at intake into EIP, 6 months, exit and 6 months post exit. We also recommend 12 months post exit for measurement of medium term outcomes.

The rationale for the selection of measures is to ensure that as much as possible they:

- gave priority to parenting skills, family functioning and child development;
- had been validated and tested for reliability; and
- used scales with sufficient sensitivity to assess change over time.

The dimensions to be used in the evaluation survey have been carefully selected to inform rather than duplicate the family dimensions in the FSNA. They offer a comprehensive interrogation of key measures related to parenting skills and overall family functioning that move beyond the FSNA items.

The survey items will enable caseworkers to gain an in-depth understanding of families prior to (or, in the case of Lead Agency caseworkers, instead of) assessment with the FSNA tool. This will assist caseworkers with completing the FSNA as it will offer valuable detailed information on EIP families beyond generalised items. The survey items also enable individual client changes to be better tracked over time and will provide more sensitivity to changes than the FSNA alone.

*Family Survey data for comparison group and follow up*

In addition to other EIP population data, 500 EIP clients and a comparison group (n=200) will be selected so that additional outcome measures can be collected for the purpose of the results and economic evaluations. This method has a longitudinal study design using a statistically significant convenience sample of EIP participants across NSW.

The data collection will be (Table 3.4):

- 200 comparison group non-EIP participants at baseline, 12 and 24 months collected by the Consortium; and
- 500 EIP participants 6 and 12 months post program exit collected by caseworkers.

**Table 3.4: Family Survey Administration for Intervention and Comparison**

	Intake	6 month	Exit	6 month post exit	12 month post-exit
EIP participants - MDS	Caseworker	Caseworker	Caseworker	Caseworker (n=500)	Caseworker (n=500)
EIP-eligible non-participants	Baseline Consortium		12 month Consortium	24 month Consortium	-

A follow-up period of 6 and 12 months post program completion fits within a viable evaluation timeframe. While such a follow-up period does not allow the assessment of long-term child and family outcomes, it does allow appropriate evaluation of shorter term outcomes in the critical two years around the commencement of a child’s schooling experience. We will build into the methodology the possibility for further follow up through direct interview or via secondary data analysis.

In terms of recruitment, we recommend that for the comparison group that DoCS and Lead Agency staff inform families about the research and payment for participation and gain consent for a researcher to contact them. Interviews will be conducted in the home of the family or at mutually convenient locations (eg child care centres, parenting program sites).

*Rationale for FSS sample size*

For the EIP participant follow-up group we will attempt to use a stratified recruitment process to recruit a wide range of subgroups based on client type (eg single parent families); indigenous/non-indigenous; location (regional vs metropolitan); family size and services utilised. The sample sizes have been chosen to give sufficiently large numbers for testing statistically significant change and comparison between the groups.

Sub-group sample sizes of n=100 will provide point-in-time statistical significance of +/- 9.8% which is adequate for the purposes of evaluating program outcomes. As a result, we have costed to follow up a sample size of 500 client families at 6 and 12 months to be able to analyse outcomes meaningfully by many of the subgroups listed above. The comparison group intake sample of 200 is based on an estimated 20% drop out rate at each follow up period over three administrations, to provide at least 128 complete longitudinal measures for this population (see Table 3.5).

**Table 3.5: Family Survey Minimum Sample Sizes**

	Intake	6 month	exit	6 month post exit	12 month post exit (% CI)
EIP participants	All clients	All clients still in program			500 (+/- 4.4)
EIP-eligible non-participants	Baseline 200		12 month ~160	24 month ~128	-

Items have been chosen based on standardised measures to maximise reliability, validity and comparison with normal populations. If clients identify as Indigenous, measures may in some cases differ in terms of more culturally appropriate wording. Indigenous-specific wording will be piloted before use in the field. Most measures will be repeated during the follow up surveys.

The evaluators have piloted the Family Survey to ensure that the flow of questions, wording and scales used are appropriate and maximally comprehensible to the target group. The piloting is not yet complete. The survey is self-explanatory but caseworkers will need to be trained in its administration. Should there be data quality problems amongst caseworkers during the pilot period, we may consider amending the survey.

The FSNA discussed above will be administered to DoCS case managed EIP clients. The Family Survey has been designed to be compatible with the FSNA (Table 3.6). This has several purposes. For clients for whom an FSNA has not been completed, similar data might be able to be imputed. The Family Survey will not conflict with the assessment process for DoCS caseworkers and families. Changes in FSNA might be able to used as a outcomes measure if comparison to Family Survey results implies outcomes relationship in the FSNA data.

**Table 3.6: Relationship between Family Survey and FSNA Dimensions**

Consortium outcome scales	FSNA dimensions
Parenting skills	S2 Parenting skills
Hostility	S5 Family relationships
Parenting daily hassles	S2 Parenting skills
Social network/support	S7 Social support systems
Mental health	S1 Emotional/mental health
Self esteem	----
Drug and alcohol use	S3 Substance use
Family cohesion/functioning	S5 Family relationships S7 Social support system
Relationship satisfaction	S5 Family relationships
Safe and nurturing environment	S4 Housing/environmental/basic physical needs

**Outcomes intensive family research**

The results evaluation will include intensive research with 60 EIP families. Children aged under 3 years or in the year prior to school could be prioritised in this cohort. This qualitative component will illuminate the outcomes found in the quantitative methods of the evaluation. The families will participate in semi-structured in depth interviews to obtain quantitative and qualitative information to compliment the quantitative data obtained in the MDS and the Family Survey. The aim is to determine the facilitators and barriers to effective program delivery. A purposive sampling technique will be used to select potential participants to ensure a depth and breadth of diversity of EIP families. The families will be selected from within the observation sites. The following data will be gathered:

- Parent perceptions of the child’s functioning (PEDS Scale: a 10 item scale which is simple, quick to complete and available in an Australian version).
- Parent questionnaire exploring the services being used, reasons for their use, barriers and facilitators to their use, and perceptions of service effectiveness.
- Semi-structured interview with parent/carer to further explore the issues raised in the questionnaire and to consider how involvement in the services they are using has affected their family’s lives. (The Interview Protocol developed by Bernheimer et al. to explore the impact of children’s additional needs upon family functioning and routines will be used as a basis for the approach taken.)
- Measures assessing age-specific milestones for the child will be adjusted to reflect the child’s current age.
- Infant development milestones will be administered only for those children aged between birth and two years at baseline, given the primary program focus on this age group. Children aged 2 – 5 years will be subject to items measuring their social, behavioural and emotional development.
- Semi-structured interview with caseworker to explore their perceptions of the aims, objectives and functioning of their service and its impact on families.

### **Other DoCS administrative data**

Other DoCS administrative data will include aggregate data about funding, reporting, service usage and vacancy management for both DoCS and Lead Agency EIP activities. DoCS will collect the data through DoCS management systems, service provider contracts, service provider output target reports and any other processes negotiated with the Department. These discussions are still proceeding between the Consortium and DoCS.

It is possible that non-DoCS secondary data will be available from the education and/or health sectors (eg school enrolment, attainment of milestones, emergency admissions for child injuries) through the MOU with the Department of Education. This data would only be useful if obtainable for EIP clients. Given the lack of a common identifier across NSW government departments, current privacy laws and the limited budget, such an approach is unlikely. We will explore this possibility with DoCS researchers.

### **Results evaluation analysis**

The results evaluation will analyse the outcomes data from these methods to answer the research questions. The analysis will overlap with the economic evaluation in its quantitative analysis. In addition, the results evaluation will include analysis of the qualitative data to answer questions about why parts of the program are more successful for particular children and families.

Interview responses from the longitudinal sample of participants at the baseline, middle and end of the evaluation period will be compared to determine the results achieved by children and families in the program. These will be compared to changes in measures of parenting skills, family cohesiveness and child development for the non-EIP comparison group.

Locations with different client populations in terms of socio-demographic criteria such as cultural background will be compared in terms of changes in measures of parenting skills, family cohesiveness and child development.

We will utilise the statistical technique of multi-level modelling in relation to results at the child, family and community levels. This is a way to include various levels of the ecology in a model that explains the result and tests how the results fit to the model with different levels, including intra-cluster correlations. This allows attributions of change to the intervention as opposed to contextual factors such as community differences, family differences and school differences.

In addition, we propose a context analysis be conducted at the State and local levels. This strengthens the ability of the evaluation to appropriately attribute results to the program as opposed to other contextual factors. This also enables the evaluation to address whether there were any community level results, as opposed to individual results for children, and also whether changes in the community affected individual results.

Triangulation of data and methods from the various data sources will assist in this analysis. Of more significance though, is likely to be the local understanding of child, family and service provider experiences. The combination of all these methods will build the evidence base for what early intervention measures are most effective for vulnerable families based on their own experiences within communities. These results

will provide usable measures to feed back into policy development within early intervention practice.

### **3.3 Process Evaluation**

The process evaluation involves the following methods:

- Universal data collection for the Minimum Dataset (MDS) discussed in the results evaluation Section 3.2. It includes administrative inputs, process and outputs data. The data collection will be undertaken by caseworkers. Data management, including administration, training, quality and transfer to the Consortium will be the responsibility of DoCS.
- Other DoCS administrative data on service funding, output targets and service usage. Data management will be the responsibility of DoCS. The method is discussed in Section 3.2.
- Process evaluation data collection at four observation sites using quantitative and qualitative methods in worker, manager, family interviews; observation, participation and discussion. The Consortium will conduct the research.
- Intensive research studies with Indigenous communities. They will be the responsibility of the Consortium. The studies are discussed in Section 3.5.

#### **Rationale for process evaluation**

Process evaluation is designed to investigate program integrity by determining the extent to which a program is operating as intended via the assessment of ongoing program elements and the extent to which the target population is being served (Tomison, 2000). The aim of process evaluation is to assist service providers to identify areas for change that can enhance service delivery. It involves the collection of a detailed description of a program's operation and the general environment in which it operates, including the clients served, the services provided and the costs involved (Schalock and Thornton, 1988). Key questions that will be addressed in this process evaluation will be:

- Whether the program has been implemented effectively as planned;
- If the target population has been accessed effectively; and
- If collaborative links with other programs or service providers have been successfully established.

Characteristics of both the agency (DoCS, lead agencies and service providers) and the intervention (EIP and associated services) will be addressed. This will include an assessment of observable changes in the structure and organisation of the host agency (DoCS) to reflect the viability of the program, as well as a quality assessment of the program itself.

#### **Observation sites**

The evaluation will analyse the process data from four observation sites. Due to time constraints, the evaluation will be conducted in two visits of one week to each observation site. It will consider the whole program and the specific implementation issues and impacts of the different program elements. Semi-structured interviews will be conducted with EIP families and staff from each observation site.

### *Rationale for observation sites*

Detailed data collection cannot be conducted with all EIP clients in all parts of NSW because of cost. Four sites (eg. three Sydney region and one regional) will be selected in which to focus in-depth evaluation activities. This approach has the following advantages:

- Strengthening understanding and commitment to the evaluation in these sites
- Triangulating data within and between the four evaluation parts
- Developing a thorough understanding of EIP and its context of delivery through concentrated researcher activity on site.

This component of the evaluation will run from the beginning of the evaluation for two years to gain an in-depth understanding of program process and results. It will include qualitative and quantitative research methods within four observation sites.

Research opportunities will include observation at and participation in EIP services and community activities, formal and informal interviews and meetings. Final sample sizes will not be able to be determined until the observation sites are chosen and intake levels determined. The budget has been costed on the basis of two visits to each site over a two year period. An option to ensure high levels of immersion in the EIP environment is to place an evaluator in the relevant observation sites, based at a Lead Agency or CSC office. The evaluator would conduct the evaluation activities with EIP participants (children, families, workers and managers) including observation and quantitative surveys.

### *Observation site selection*

In order to ensure that the evaluation is able to draw robust conclusions regarding program service delivery in metropolitan and regional environments, we suggest that intensive research observation sites are chosen as follows:

- three from greater Sydney areas; and
- one from a regional area.

Within these geographical regions, further site selection criteria will encompass the cultural diversity of the participant population (e.g. ATSI; CALD) and the implementation level of the EIP program.

We recommend prioritising sites where EIP is known to be fully operational in terms of EIP caseworkers in DoCS and a Lead Agency and other EIP funded services to ensure the focus is on testing the effect of the fully operational program. The research question for the observation sites would then be, ‘In areas where EIP is fully implemented, did it make a difference for the children and families in the program?’ Given the delay in implementing the contracted services, it is likely that the selection should include one of the Stage One sites. If it is not possible to use only fully-functioning sites, we will compare process and outcomes data from a partially operational site with a fully operational site.

### **Sampling and recruitment of participants for process evaluation**

A sample of stakeholders will be identified and asked to participate in the evaluation. This will include key players in DoCS central office and DoCS regional offices. From observation sites, a sample of DoCS and non-DoCS managers; DoCS and non-DoCS caseworkers; EIP funded services; and families participating in the EIP. A purposive sampling technique will be used to identify and recruit all participants.

#### *EIP staff and administration*

A sample of caseworkers, case managers and other frontline EIP service providers will also be targeted to participate in in-depth interviews, with a follow-up 6-12 months later. It is envisaged these will occur at P2 with follow up at P5 (refer to section 4.2 for timeframe).

The staffing levels at each observation site will determine the total number to be sampled. Table 3.7 outlines the ideal qualitative sample sizes to gather data for an in-depth understanding of the range of process issues affecting EIP outcomes.

**Table 3.7: Process Evaluation Sample Sizes**

Participants	Per observation site	Total
DoCS central administrators	-	5
Regional DoCS managers	-	5
CSC manager	2	4
Caseworker	6	24
EIP funded service worker	4	16
EIP families	10	40

### **Process evaluation data types**

Evaluation within the observation sites will take into account the local area - population, geographic and service system-characteristics. These multiple comparisons will support future improvement to program design, at the system level while also taking local conditions into account. The key process evaluation discussion topics which will be addressed in the interviews are: agency/policy; operations; structure; viability; changes; services; clients (see Table 3.8 for distribution of topics).

**Table 3.8: Distribution of Process Evaluation Topics with EIP participants**

Participants	DoCS central office	DoCS regional office	Managers (non/DoCS)	Caseworkers (non/DoCS)	Funded services	EIP families
Key topics						
Agency/policy	X	X	X		X	
Operations	X	X	X		X	
Structure			X	X	X	X
Viability	X	X				
Changes	X	X	X	X	X	X
Services			X	X	X	X
Clients				X	X	X

### 3.4 Economic Evaluation

The economic evaluation will analyse outcome and costs data and model long term outcomes from the results and process evaluation data sources described above.

#### Economic evaluation design

The economic evaluation of the EIP will consist of two components. The first is a cost-effectiveness analysis (CEA) and the second is a cost-benefit analysis (CBA).

The CEA component primarily addresses the issue of technical efficiency, and will produce evidence on the cost per unit of outcome. Several outcome measures will be used in the CEA, including an intermediate outcome measure such as the number of re-reports prevented. A discussion of other possible outcome measures for the CEA appears below.

More specifically the CEA will answer the question, ‘what works for who, under what circumstances, and at what cost?’ The ‘what’ part of the research question will provide information on which aspects of the EIP is least costly to produce a unit of outcome. It is intended to show which EIP services are highly efficient or inefficient. The ‘who’ part seeks to answer whether EIP is more efficient at producing a unit of outcome for certain types of families. This part of the question is intended to provide information that will facilitate efficient targeting of EIP services. The ‘under what circumstances’ part of the question will examine the significance of local area context in which EIP services are provided<sup>1</sup>, as well as specific local EIP characteristics, such as the number of FTE and PT staff per client, staff qualifications and service arrangements between DoCS and Lead Agencies. The ‘cost’ part is an overarching component of the CEA research question that will enable incremental efficiency comparisons between EIP

<sup>1</sup> For example, access to child care places may differ from local area to local area. Some areas may face very high barriers (in terms of costs and waiting lists) and others may have relatively easy access. The value of EIP funded child care places may therefore also vary from area to area. That is, we might have a prior expectation that an EIP child care place will be of greater value within areas with high barriers to access.

services, family types and local factors. The design will, to greatest possible extent, combine all elements of the research question<sup>2</sup> but our ability to do so will depend on the sample size and the size of the differences in effectiveness and costs between EIP services, family types and local areas.

The CBA component (or perhaps more accurately stated a cost-savings analysis) seeks to address issues of allocative efficiency. This part of the economic evaluation will produce a model of the anticipated costs and benefits of EIP expressed in monetary terms. Typically, the results of such an evaluation will be expressed in terms of a ratio of cost per benefit. For example, for every \$1 invested in EIP society will save \$x dollars. This part of the evaluation aims to provide important information on whether EIP is an efficient use of society's resources.

The CBA will incorporate the results of the CEA in its model and extend the analysis in three ways:

- Link the intermediate outcome measures to final outcome measures (for example, map the number of re-reports prevented to the number crimes/arrests prevented)
- Convert the final outcome measures to a financial measure (for example, every crime prevented saves society \$x)
- Project anticipated savings over longer time periods.

The CBA will rely on various sources of information, including:

- International evidence
- Previous and current work being undertaken by DoCS
- Expert opinion

### **Aligning the economic evaluation design with data requirements**

Figure 3.2 matches the economic evaluation question with the broad data requirement for this analysis. At the bottom of the figure is the research question we seek to answer in the CEA component of the economic evaluation. Each key word in that question is linked to a broad data requirement, shown in the shaded area. The figure relates the importance and relevance of each broad data requirement back to the research question.

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<sup>2</sup> By this we mean that we will endeavour to gain an understanding of whether certain EIP services work more efficiently for certain family types, under which specific circumstances.

**Figure 3.2 Mapping the Economic Question to Broad Data Requirements**

Early intervention program services received by family							
Effectiveness measures that includes escalation, child development goals, well-being							
Family vulnerabilities/needs at time of eligibility							
Personal child and family details, including socio-economic status, age and household structure							
Local area level information about the context in which EIP is offered							
Local EIP details							
EIP cost per family/child							
<u>What</u>	<u>Works</u>	<u>for</u>	<u>Whom</u>	<u>under which</u>	<u>Circumstances</u>	<u>and at what</u>	<u>Costs?</u>

Table 3.9 provides more specific details on the measures and data source(s) for each of the broad data requirements listed in Figure 3.2. It also sets out the envisaged data coverage of each item. The MDS as outlined in Section 3 will provide most of the information needed for this part of the analysis, although there will be some important data gaps that, in all likelihood, can only be collected on a sample of participants through additional survey instruments. Data on local program details will to some extent come from the MDS but can be supplemented by contractual information as well as fairly simple annual surveys of CSC and Lead Agencies.

**Costing methodology**

The cost analysis needs to take a ‘global’ perspective. This means that data should be collected from all affected agents of the EI program (i.e. the cost to government, families and other sectors).

The unit of analysis should be the resources used by individual families for each type of service within a given time period. Data on the ‘price of resources’ will be gathered using a sampling framework. ‘Quantity of resources used’ is part of the MDS.

Direct EIP resource use will encompass:

- DOCS/NGO risk and needs assessments (for EIP eligibility and case plan)
- DOCS/NGO EIP service delivery
- Monitoring and follow-up activities
- Family out-of-pocket costs to access services (if considered to be significant)

The MDS outlines the need to collect detailed information on the type and frequency of services used by clients. This information is vital to the economic evaluation component and will enable further investigation of ‘dose response’ type issues.

The DoCS Costing Manual for EIP services provides a very important starting point for assigning costs to actual resource use. We note that this manual is intended to be updated and reviewed and this is likely to benefit the economic evaluation.

### **Indirect EIP resource use**

If there are any expectations that the EI program may indirectly consume resources (e.g. other government departments) these will be identified and measured. Depending on the likely importance of these costs, administrative databases will be used to obtain an estimate of these indirect costs. Fixed costs<sup>3</sup> associated with the EI program (eg number of program staff) will be collected in the administrative data provided to the evaluators by DoCS. Marginal costs<sup>4</sup> will also be estimated because they provide a vital piece of information on the direction of costs if the EI program is to be expanded (or contracted).

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<sup>3</sup> Costs that vary with time, rather than output

<sup>4</sup> The extra cost of producing one extra unit of outcome

**Table 3.9: Broad Data Requirements, Coverage and Sources for the Economic Evaluation**

Broad Data requirement	Coverage	Data item	Data source(s)
Early intervention program services received by family	All EIP participants	Type of EIP services received	MDS
		Entree and exit from EIP	
		Number of services used by family/child by type	
Effectiveness measures that includes escalation, child development goals, well-being	All EIP participants	Escalation	MDS
	All EIP eligible families (where possible)	Parenting and family well being instruments	MDS
		Child development	Intensive Research Studies
Family vulnerabilities/needs at time of eligibility	All EIP participants	EIP eligibility domain	MDS
Personal child and family details, including socio-economic status, age and household structure	All EIP participants	Socio-demographics	MDS
	All EIP eligible families (where possible)		
Local area level information about the context in which EIP is offered	All local areas in NSW matchable to family area	Child care access indicators in local area (cost and waiting lists)	Administrative and survey data (external)
		Other EIP service access indicators	
Local EIP details	All local areas in NSW matchable to family	Service type (DOCS/Lead Agency)	MDS
		FTE staff	DoCS administrative data
		Staff qualifications	
		Waiting lists	
		Lead Agency contractual arrangements	
EIP cost per family/child	All EIP participants	Cost per service type and unit (and comparison group costs)	DOCS costing manual Sampling

### **3.5 Intensive Research Studies**

Within a selection of the observation sites intensive research studies with Indigenous communities will be conducted. In addition, DoCS and the Consortium will explore opportunities for other independent studies, described in Appendix 1. These include parenting programs, families with a child aged 1- 3 years and families with a child in the year prior to school. The exact nature of each intensive research study will be established in negotiation with DoCS, and will be dependent on a number of factors, including the policy priorities, nature of the interventions being delivered (especially in the observation sites) and the practicalities of implementing different research methodologies. The intensive studies will be staggered over the life of the evaluation.

#### **Indigenous communities study**

While it is generally difficult to obtain accurate figures on the extent of child abuse Australia wide, and even more so with relevance to Indigenous communities, Aboriginal and Torres Strait Islander children are significantly over-represented in the statutory child protection and care systems of all states and territories in comparison to the Australian population as a whole. According to the Productivity Commission's 2006 Report on Government Services to Indigenous People, 4,887 Indigenous children under the age of 17 had some form of abuse substantiated in 2004-05. This rate of substantiation is on average 3.6 times higher for the Indigenous population than for non Indigenous Australians. Indigenous children are also six times more likely to be on care and protection orders than other Australian children. While Indigenous children comprise less than 3% of children in Australia, they constitute a 24% of those placed in out-of-home care.

The abuse and neglect of Indigenous children needs to be understood within a framework that acknowledges the contribution of multiple societal, community, family and individual factors. Therefore an intensive research study that addresses a holistic approach to child abuse and neglect is necessary to evaluate whether EIP is effective in meeting the needs of Indigenous families. We propose an Indigenous communities study be conducted as part of the evaluation to inform both the results and process evaluations.

#### *Research design*

Interviews and focus groups will be undertaken in two Indigenous communities: one located in a regional area and one in an urban area. This may be reduced to one Indigenous community if cost becomes an issue. The communities to be selected will be chosen based on accessibility, appropriateness, feasibility, engagement with the EIP, and any other prevalent factors as identified by Indigenous researchers.

In each community, a cross-section of families in the EIP, caseworkers, service providers, community leaders, health practitioners (i.e. GPs and mental health workers), and child care workers/school teachers will be identified and asked to participate in the evaluation. This will provide an in-depth, multiple level evaluation involving Indigenous communities, kinship families, individuals and Indigenous specific services. It will also adhere to Indigenous research principles ensuring a holistic 'community' approach to evaluation research. It will involve a mix of in-depth interviews, focus groups, observation and participatory work to collect qualitative and quantitative data. Indigenous researchers/community workers would be employed to undertake this

research maintaining awareness of and sensitivity to Indigenous cultural expectations and practices.

*Sample size and recruitment*

A purposive sampling method will be used to target a cross-section of the community involved with Indigenous families accessing the EIP. Sample size will be finalised once the communities have been selected. At this stage it is envisaged that no more than six families within each community will be asked to participate. This is because a kinship approach involving inter-generational and cross-generational family members will be undertaken, rather than a dyadic relation of care (as will be done with the mainstream evaluation). Two to three each of caseworkers, service providers, community leaders, health practitioners and child care/school teachers will also be asked to participate in the evaluation.

*Quantitative process*

While qualitative methods will be the primary means of evaluation for research with Indigenous people quantitative data will also be gathered to supplement the above qualitative research. The EIP evaluation design (e.g. the Minimum Dataset) will incorporate the following quantitative variables: socio-demographic measures for Indigenous family and household structure; numbers of Indigenous caseworkers across DoCS, Lead Agencies and Service Providers; numbers of eligible but no uptake of EIP by Indigenous families; additional risk factors specific to Indigenous families; additional Indigenous definitions of operational/conceptual terms in Psychometric tools. This quantitative data will provide valuable aggregate data on engagement by Indigenous families across all of NSW.

## **4 Evaluation Management**

### **4.1 Researchers**

The Stage Two evaluation team will be directed by Professor Ilan Katz. The Consortium is comprised of:

- Social Policy Research Centre, UNSW: Ilan Katz, Karen Fisher, Pooja Sawrikar, Sarah Parker, Bettina Cass and Judy Cashmore;
- Centre for Health Economics Research Evaluation, UTS: Jane Hall, Marion Haas, Kees van Gool;
- School of Education and Early Childhood Studies, UWS: Christine Johnston, June Wangmann and Christine Woodrow;
- Gnibi College of Indigenous Australian Peoples, SCU: Judy Atkinson; and
- National Institute of Social and Economic Research, London: Pam Meadows.

We envisage a similar process for communication with DoCS – regular meetings between the Consortium and the Department throughout the duration of the evaluation. As specified in our proposal, we would like to explore various possibilities of secondment, joint fellowships and linkage grants to enhance the evaluation. In addition it is important to set up communication and management processes between the Consortium and operational staff within DoCS who will be responsible for delivering on aspects of the evaluation.

### **4.2 Evaluation Timeframe**

We recommend that medium term outcomes for the EIP population and comparison cohorts be measured beyond the original contract period. Due to delays in implementing the EIP contracted services, it is unlikely that many clients in the outcome cohorts will have even exited the program by the end of the contracted Stage 2 evaluation activity period. A 6 and 12-month follow-up period following program completion will better ascertain the effect of EIP on strengths and vulnerabilities.

A truncated evaluation period would hinder the ability to test the effect of the full program. Additionally, expected medium term outcomes could only be modelled rather than measured. Assuming the average program duration is 24 months, plus an average 12 months post-exit follow up, this would ideally require collection to extend until March 2010, with a further nine months for data analysis and report writing.

**Table 4.1: Timeframe for Consortium EIP Evaluation Activities**

	P1 3 mths	P2 6 mths	P3 – P6 6 mths	P7 (P1+3 yr)	P8 (P2+3 yr)			
	May 06	1 Jun 06- 30 Sep 06	1 Oct 06- 30 Mar 07	1 Apr 07- 30 Mar 09	1 Ap 09- 30Sep09	1 Oct 09- 30 Mar 10	Sep 10	Dec 10
<b>1. Results evaluation</b>								
Minimum dataset		x	x	x	x	x		
Outcomes comparison group		Pilot	x		x	x		
Outcomes intensive cohort			x	x	x			
Other DoCS administrative data		x	x	x	x			
<b>2. Process evaluation</b>								
Minimum dataset		x	x	x	x	x		
Other DoCS administrative data		x	x	x	x	x		
Workers & managers all agencies		Pilot	x		x			
Observation, participation			x		x			
<b>3. Economic evaluation</b>								
Analysis of cost and results data		x	x	x	x	x	x	x
<b>4. Intensive research studies</b>								
Indigenous communities			x		x			
<b>5. Management</b>								
Evaluation deliverables	Evaluation plan		x	x	x	x	Draft final report	Final report
Conference presentations and published articles			x	x	x	x		x

### 4.3 Project Responsibilities

The evaluation plan relies on tasks completed by the evaluators, DoCS central office, DoCS CSCs and Lead Agencies. Management accountability for these responsibilities will be confirmed at the beginning of the evaluation.

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#### **4.4 Dissemination**

This section outlines the Communication Plan for effective communication and dissemination of evaluation developments and findings. All dissemination will be following DoCS approval.

##### **Communication with the Department**

We will actively involve the Department in the evaluation in order to transfer skills to Department staff and improve the overall in-house skill level of the Department. We will offer training opportunities such as short-term mutual secondments and PhD and postdoctoral students.

At times this will require extended periods working closely with particular branches in the Department including Economics and Statistics, NSW Parenting and Research Centre, Information Management, Planning and Evaluation, Service Funding Strategy and Early Intervention Policy. This will be necessary for an effective partnership to design the methodology, understand the Program establishment and implementation, understand the policy application of the evaluation results, and maximise the application of Department data systems.

Liaison will focus on technical matters (data collection, data base set-up, data transfer and data quality); research design and evaluation operation; and policy liaison on the implications of the evaluation.

The Consortium is committed to collaborative research with the Department. We will draw on the knowledge of the Department's experts represented on the Working Party to maximise the potential uses of existing knowledge sources within the Department. Early collaboration will also ensure Department staff are well placed to be involved throughout the evaluation and best able to enhance their skills through collaborative learning. We appreciate that this evaluation represents a significant opportunity to work with Department staff, contribute to professional development within the Department and improve the evidence base of the Department's work to promote better policy development and service delivery over the long term.

##### **Communication with program stakeholders – service providers, families and children**

Following DoCS approval, program evaluation results will be made available to families participating in the EIP program via hard copy summaries delivered through service providers, as well as summary reports available on DoCS own website. We recommend that any DoCS-funded Helpline facilities that are set-up in relation to the EIP be a central information distribution point for client requests for program effectiveness information.

##### **Communication with researchers, policy makers and the public**

Following DoCS' approval, the results of this project will be:

- (a) published in monographs and in leading Australian and international journals and conferences with the aim of influencing national and international policy debates on child protection issues

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- (b) a number of interim reports plus a final report at study conclusion will be produced for partner organisations and NGO stakeholders
  - (c) communicated to industry partners, key government and non-government stakeholders, and wider community interest groups via organisational newsletters and in-house seminars
  - (d) published for comment on DoCS and SPRC website.

Manuscripts for publication and seminar presentations will be prepared during the course of the evaluation as well as at closure. These papers will focus on both process issues encountered during EIP as well as changes in outcomes as a result of EIP.

#### **4.5 Quality Assurance**

A specific quality assurance issue in this evaluation is quality assurance of the data because data will potentially be collected by project managers and evaluators. The evaluation will be designed to rely on some data produced by practitioners themselves, so we will design systems to ensure that data is produced consistently and reliably to ensure complete and reliable datasets.

The researchers adhere to the various research management guidelines of the University, including the UNSW Code of Conduct for the Responsible Practice of Research. The Consortium is also committed to principles of equal opportunity, cultural diversity and social justice.

The Centre offers skills and expertise grounded in the research environment of one of Australia's leading research universities. The SPRC has a diverse funding base and a well established management team. Its senior researcher profile has been remarkably stable even through periods of change and development. Policies for staff development and training help to keep its skills base up to date. All these factors assist the Consortium's capacity to sustain a high level of performance during the project. The researchers will be pleased to have performance monitored.

UNSW pays particular attention to the quality assurance of outputs from research consultancies, ensuring quality control by measuring against standards for project management, reporting and publication. Effective quality assurance mechanisms will guarantee that the research and other products delivered are of the highest standard. The accepted method for achieving quality assurance in research is through peer review.

Internal quality assurance is also achieved through the process of developing funding submissions and preparing and presenting project reports to clients. This generally involves seeking internal comment on initial draft reports, followed by a presentation of key features and results prior to the preparation of the final report. External presentations are used when appropriate to transmit major findings to clients, and as a way of ensuring that findings are relevant and timely. Because of its size, SPRC can seek a range of reactions to draft reports and has the ability to devote additional resources where this is necessary to meet agreed deadlines.

We are also concerned in all our research studies to maintain high standards of ethical practice and to respect confidentiality and privacy of research participants. All the

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research instruments and forms will be inspected by the University Research Ethics Committee to ensure that the research complies with the highest standards of practice.

The Consortium also adheres to the Australasian Evaluation Society *Guidelines for the Ethical Conduct of Evaluations*. Whereas there are many similarities between research and evaluation, the specific purposes of policy evaluation (knowledge, accountability and development of government activity) and proximity to government and citizens require additional ethical considerations in the design of evaluation activities.

From the perspective of research ethics, it will be essential that privacy and confidentiality provisions are sufficient to ensure that any information disclosed by participants to the evaluators during the course of the evaluation is not misused (used for purposes other than those expressly stated to the participants by the evaluators).

Potential participants will also be supplied with clear information statements about the use to which information collected from them will be put, and about the measures taken by the evaluators to ensure that their privacy and confidentiality are maintained. They will also be required to sign consent forms before they can become involved.

The SPRC has an Indigenous Research Strategy to guide research practice with Indigenous people, families and communities. In order to ensure that the approach to data collection and analysis is useful for Indigenous communities, the Consortium will draw on Consortium partner Judy Atkinson. It is Centre practice to modify consultation and research methods to respect the needs of Indigenous participants. Where relevant, Indigenous researchers are engaged to adapt methodologies and research instruments and to assist with data collection and interpretation.

The literacy and linguistic needs of participants from a non-English speaking or Aboriginal and Torres Strait Islander background will be accommodated through the provision of translators and interpreters as required, costed in the budget. Where literacy is an issue, all forms can be delivered through sound recordings in English or in the appropriate community language. Field workers from support organisations will be engaged when necessary. Alternatively, trusted persons or peers may be of assistance in some circumstances. In addition, the researchers will be sensitive to participants' needs and requirements relating to gender, cultural issues, disability and sexuality.

#### **4.6 Indigenous Research**

Research relationships in Indigenous communities can take time and come with responsibilities. Indigenous communities are increasingly demanding more from researchers in terms of outcomes for individuals or communities and reporting back. Among Indigenous researchers there is considerable discussion about ethical issues and the often inappropriate processes employed by some academic institutions. Consent forms were just one example of the inappropriate ethical procedures. Of more concern, however, is that institutional ethical approval may hide the need for community ethical approval. As in any research, this requires an honest and open dialogue with Indigenous people and communities. Developing an appropriate method should include not only consideration of common issues affecting research (such as literacy levels, access to phones, sensitive topics, etc.) but also cultural issues.

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## **Appendix 1 Other Intensive Research Studies**

### **Parenting program study**

Parenting programs are an integral part of achieving overall goals of EIP and thus it is essential to study their utility. They take a holistic approach to ensuring that families remain intact and are provided with the support they need to facilitate family functioning. Therefore, it is important to undertake an intensive study that involves an exploration into the outcomes, process and satisfaction with the parenting programs in EIP. The information obtained from this intensive study will provide a more detailed understanding of the effectiveness of parenting programs in reducing and preventing child abuse and neglect. In this way, it will move beyond the data collected through the Family Survey across all EIP clients and allow for a comprehensive evaluation of EIP using parenting programs as an exemplar.

In particular, it will enable an in depth analysis of who the parenting program works for and why, and to what extent such programs facilitate improvements in family functioning over time. This is important given that the CSCs will be using a variety of parenting programs models, and the effectiveness of each can be assessed via an outcome and process analysis.

A mixed methods (quantitative and qualitative) approach will be undertaken which draws on outcome data obtained from a questionnaire given to the families participating in EIP Parenting Programs at each of the four observation sites. This will be complemented with interviews, observations, and focus groups with parents, caseworkers, and service providers associated with EIP parenting programs. Secondary data regarding the process will be obtained from attendance records and program operations. Determining why attendance rates are low or inconsistent and what could be done to either facilitate the ability to attend or make the experience more relevant would be central to ensuring the service met its aims and delivered appropriate outcomes.

The research design and sample sizes can only be determined after full implementation of EIP. Therefore methodological specifications will be finalised during Stage Two of the evaluation, however, the sample size will be sufficient to ensure that analyses are meaningful despite attrition over the one year the families would be studied.

### **Families with a child aged 1- 3 years study**

Purposive sampling should be used to draw a sample from the following characteristics: Indigenous families; families from CALD backgrounds; families with children with additional needs; sole parents; other families; diverse location.

Interviews will also be conducted with the field worker most closely involved with the family (n = 25 to 50) (The number will depend upon the family sample and whether professionals are involved with more than one family in the case study).

The sample size is seen as sufficient to ensure that analyses are meaningful despite attrition over the two years the families would be studied.

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## **Families with a child in the year prior to school study**

Purposive sampling should be used to draw a sample including the following family types: Indigenous families; families from CALD backgrounds; families with children with additional needs; sole parents; other families; diverse location.

Interviews would also be conducted with the field worker most closely involved with the family (n = 15 to 30). The number will depend upon the family sample and whether professionals are involved with more than one family in the case study. This sample size is seen as sufficient to ensure that analyses are meaningful despite attrition over the one year the families would be studied.

Data from the quantitative phases of the evaluation would be available for the families and the services they utilise. This would be used as the basis of demographic and economic analysis, which would be explored in greater depth through the longitudinal/cross-sectional design being used.

## **References**

Schalock, R. and C. Thornton (1988), *Program Evaluation: A Field Guide for Administrators*. Plenum Press: New York.

Tomison, A. (2000). *Evaluating Child Abuse Prevention Programs*. National Child Protection Clearinghouse, Issues Paper No. 12 (Autumn). AIFS.